

FOR USE WITH §2255s ONLY

AO 240 (Rev. 10/03)

## UNITED STATES DISTRICT COURT

RECEIVED

MIDDLE

District of

ALABAMA

2007 JUL -2 A 10: 24

Plaintiff

V.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

\*\* See Notice on Second Page

CASE NUMBER: 3:06-CR-00150-MHT-SRW-  
ALLI, ERNEST PIPPIN declare that I am the (check appropriate box)☐ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration FEDERAL CORRECTIONAL INSTITUTE / ASHLAND KYAre you employed at the institution? YES Do you receive any payment from the institution? YESAttach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. JUNE 20, 2006 gentry MACHINE INC. COL, GA GROSS 676.00 40HR/NET 530.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive. SISTERS SEND MONEY WHEN

THEY HAVE EXTRA. NO SET AMOUNT OR TIME JUST IF THEY HAVE EXTRA

AO 240 Reverse (Rev. 10/03)

ERNESTENE ESSEX-SENDS WHAT EVER SHE CAN SHES ON FIXED INCOME

JULIA WEBSTER- SENDS WHAT EVER SHE CAN IS ON PART TIME AND RETIRE

ANNIE JENKINS- SENDS WHAT EVER SHE CAN IS RETIRED

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

TRAILER/LAND- 30,000 WIFE LIVES THERE 775 LEE RD 346 SALEM AL  
2000 SATURN- WIFES ONLY RIDE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. WIFE/NONE

If any of your dependants are minors, please do not list their full name; just list their initials.

I declare under penalty of perjury that the above information is true and correct.

6-26-07

Date

Ernest Pippin

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**\*\*NOTICE TO PRISONER FILING UNDER 28 U.S.C. §2255:** Complete this form only if you do not have the necessary funds for transcripts, counsel, etc. There is NO FILING FEE for §2255 motions.

**Inmate Inquiry**

Inmate Reg #: 11970002  
Inmate Name: PIPPIN, ERNEST  
Report Date: 05/11/2007  
Report Time: 10:28:30 AM

Current Institution: Ashland FCI  
Housing Unit: ASH-K-B  
Living Quarters: K07-0341

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

**General Information**

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 0424  
PAC #:  
FRP Participation Status: Participating  
Arrived From: ATL  
Transferred To:  
Account Creation Date: 12/29/2006  
Local Account Activation Date: 2/23/2007 3:19:34 AM  
Sort Codes:   
Last Account Update: 5/9/2007 12:20:12 PM  
Account Status: Active  
Phone Balance: \$9.18

**FRP Plan Information**

FRP Plan Type	Expected Amount	Expected Rate
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**Account Balances**

Account Balance:	\$184.57
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$184.57
National 6 Months Deposits:	\$789.87
National 6 Months Withdrawals:	\$605.30
National 6 Months Avg Daily Balance:	\$126.73
Local Max. Balance - Prev. 30 Days:	\$319.81
Average Balance - Prev. 30 Days:	\$223.90

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## Commissary History

### Purchases

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Validation Period Purchases: \$26.05  
YTD Purchases: \$450.30  
Last Sales Date: 5/9/2007 12:20:12 PM

### SPO Information

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SPO's this Month: 0  
SPO \$ this Quarter: \$0.00

### Spending Limit Info

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Spending Limit Override: No  
Weekly Revalidation: No  
Spending Limit: \$290.00  
Expended Spending Limit: \$26.05  
Remaining Spending Limit: \$263.95

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## Commissary Restrictions

### Spending Limit Restrictions

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Restricted Spending Limit: \$0.00  
Restricted Expended Amount: \$0.00  
Restricted Remaining Spending Limit: \$0.00  
Restriction Start Date: N/A  
Restriction End Date: N/A

### Item Restrictions

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List Name	List Type	Start Date	End Date	Userid	Active
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## Comments

Comments:

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